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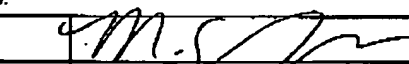
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/622,248
		Filing Date	July 18, 2003
		First Named Inventor	Steven Contarino
		Art Unit	3282
		Examiner Name	TSO, Laura K.
Total Number of Pages in This Submission	10	Attorney Docket Number	13747/62043

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Devine, Millimet & Branch, P.A.		
Signature			
Printed name	Michelle Saquet Temple		
Date	August 7, 2006	Reg. No.	48, 834

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Typed or printed name	Michelle Saquet Temple	Date	August 7, 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known Application Number 10/622,248 Filing Date 7/18/2003 First Named Inventor Contarino Examiner Name L. Tso Art Unit 3282 Attorney Docket No. 13747/62043	
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$1190.00)			

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 04-0932 Deposit Account Name: Devine, Millimet & Branch, P.A.
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
11 - 20 or HP = 0	x \$25.00	= \$ 0.00
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
2 - 3 or HP = 0	x \$100.00	= \$ 0.00
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		Fee (\$)
		\$180.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
7 - 100 = 0	/ 50 = 0	(round up to a whole number) x	\$125.00	\$ 0.00

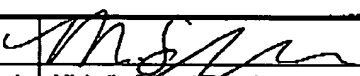
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: (e.g., late filing surcharge): Request for Continued Examination (\$395); Petition for Extension of

Time (\$795)

\$ 1190.00

SUBMITTED BY		
Signature 	Registration No. 48, 834 (Attorney/Agent)	Telephone (603) 669-1000
Name (Print/Type) Michelle Saquet-Temple	Date 8/7/2006	

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